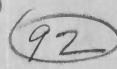
S. No. 1.

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Very should state PHYSICIANS should of OCCUPATION IS RECORD PERMANENT EXACTLY. UNFADING INK-THIS IS AGE WITH . WRITE Every Item CAUSE OF Important,

829



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 6	temale White Single, Married, Widowed, ORDIVORCED (Write the word)	(Month) (Day (Year)
	ATE OF BIRTH  October 1 1863.  (Month) (Day (Year)	that I last saw h. 2x alive on the same of
TAC		and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) par (b) bus whi	CCUPATION ) Trade, profession, or ricular kind of work.  General nature of industry, liness, or establishment in ich employed (or employer)  IRTHPLACE (State or country)	(Duration) yrs. mos 0 ds.  Contributory Secondary
	10 NAME OF	(Signed) (Duration) yrs mos ds.
RENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  A 1/	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Vd.	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs ds. State yrs mos ds  Where was disease contracted, If not at place of death?
	(Informant) John & allen,	Former or usual residence
16	Address All This Copy	Greenvood Cevil Lanel Jan, 17, 1914

REGISTRAR

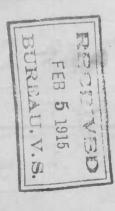
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples:

pneumonia"); causing death (the primary affection with respect to ("Pneumonia," prospinal fever (the only definite synonym is "Epidemic cereterm for the same disease. time and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE 0 lungs, meningitis"); Diphtheria Typhoid fcver (never report "Typhoid Lobar pucumonia; Bronchopucumonia meninges, peritonaeum, etc., Carcinunqualified, is indefinite): Tubercu-Examples: Cerebrospinal (avoid use of

> uant neoplasms); Measles; Whooping cough; Chronic ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inamition," "Marasgenital." "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. ture of the American Medical Association.) sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acci-Bronchopucumonia (secondary), 10 ds. Never report "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING PLAINLY, WITH UNFADING INK-THIS IS A FOR RESERVED MARGIN

PLACE OF DEATH

Village or City est Rainson (No.	CERTIFICATE OF DEATH  Registration Dist. No. 248  St.; Ward)  St.; Ward)  Bake  St.; Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferrele whole (Write the word)	16 DATE OF DEATH    Answeright   191.5.
Open 23 , 1 S 4 (Month) (Day) (Year)	that I last saw h 12 alive on Jan 13 , 1915
TAGE  If LESS than 1 day,hrs.  ORmin.?  Correction  (a) Trade, profession, or particular kind of work  ORmin.?	and that death occurred on the date stated above, at 1.55 A.m., The GAUSE OF DEATH* was as follows:  Actions Colored and Cheane Majorita
(b) General nature of lodustry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  General nature of lodustry, business, or establishment in which employed (or employer)	(Ouration) 2 yrs. 2 mos. 2 ds.  Contributory Elizania (Secondary)
OF FATHER  OF FATHER  OF FATHER  (State or country)  ON AME OF  FATHER  OF FATHER  (State or country)  ON AME OF  FATHER  OF FATHER	(Signed) Politic (Address) Wall and and the Common of the
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  2 CM  12 MAIDEN NAME OF MOTHER (State or country)	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).  At place In the of death yrs mos ds. State yrs mos ds.
(Informant) Constant Bake	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) Lessels donne por 15 Filed fan 14", 1915 f. P. Ohlendorg no. 7. REGISTRAR	19 place of Burial or REMOVAL DATE OF BURIAL Cedes Hiel Beng fant 7, 1913. 20 UNDERTAKER ADDRESS ADDRESS POR 217 No. Por
If more blanks are needed, address State Registra	6 E. Fanklin St. Relto. Requesting V S No. 1

STATE OF MARYLAND

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. the nature of the business or industy; and therefore an Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosaeum

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purspenal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. ter" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Never report Examples: For vio-



PHYSICIANS should of OCCUPATION is RECORD statement PERMANENT EXACTLY. O properly supplied. may be certificate. = that 80 0 back terms. pinous UO plain Instructions 2 of inform DEATH i OF Item Every Item CAUSE OF Important.

Very

### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in ....Ward) a hospital or institution. give its NAME Instead of street and nomber. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED, (Month) ORDIVORCED I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH ..... 191..... to.... (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day ..... hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? lled by train on B +O Rail Road BOCCUPATION accidentally (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) \_\_\_\_\_yrs.\_\_\_\_ ....mos......ds. which employed (or employer) ..... 9 B!RTHPLACE (State or country) Contributory..... Secondary 10 NAME OF (Signed) Louis O. Thisman goling corner FATHER Jany 18th, 1915 (Address) Hazattaville ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE Al place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ Where was disease contracted, If not at place of death?-Former or (Intermant) usual residence. 19 PLACE OF BURIAL OR REMOVAL 15

20 UNDERTAKER

If more blanks fre needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

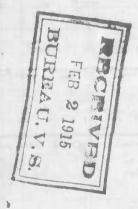
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. statement. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

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### Very certificate. Jo back 6

OCCUPATION IS pinous PHYSICIANS 10 statement classified. properly pe may that 9 terms, plain EATH In plain s Instructions of i Every Item CAUSE OF Important.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lit death occurred la St.:....Ward) a hospital or institution, give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Month) ORDIVORCED I HEREBY GERTIFY. That I attended deceased from DATE OF BIRTH was in the that I last saw h. allye on . C. (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs OR ..... 7 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF (Signed) ARENTS 11 BIRTHPLACE .. 19t 2 (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ..... yrs, ..... mos. ... State or country State \_\_ \_ ds. Where was disease contracted. If not at place of death? Former or

15 REGISTRAR PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

APDRESS

If more blanks are needed, address State Registrar, 6 E. Frankliu St., Balto., Requesting V. S. No. 1.

usuai residence.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal CAUSING DEATH, state occupation at beginning of illof persons engaged in domestie service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death—In a fection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) <sup>3</sup>Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skuii, and eonsequences (e. g., sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State eause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canmere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from Measics (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For Vio-



	RECORD	PHYSICIANS should state of OCCUPATION is very
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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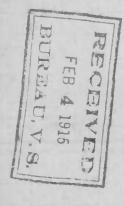
County 2	ince horge	4	833	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 24 34
Village or Gi		u Bla	),	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERS	SONAL AND STATISTI	CAL PARTICUL	ARS	MEDICAL GERTIFICATE OF DEATH
3 SEX Jamail	4 COLOR OR RAGE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the wo	ord) Single	16 DATE OF DEATH  (Month)  (Joy  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIR	TH Mn (Month)	hnour (Day	, /(Year)	that I last saw have alive on Jon 15 ,1914
7 AGE		mosds.	If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
(a) Trade, professi particular kind of (b) General nature business, or esta	on, or work	<del>?</del> ~	770000000000000000000000000000000000000	(Duration) yrs./ mos. 4 ds
9 BIRTHPLACE (State or co	onntry) Quino	Longs	(03)	Gontributory acule Bright Diames
O 11 BIRTHE	R Ohare	Be	u	(Signed) 19. O. M. D. M.
OF FAT (State	or eountry) / War	n Gro	led (	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
(State	or country) wine	Lis le	0	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State yrs, mos ds Where was disease contracted,
(informant)	have Bl	T OF MY KNOW	LEDGE	if not at place of death?  Former or  usual residence.
(Address)	21, 1915 E	J. Kurt	t m D	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS  ADDRESS
()	If more blanks a	Loveal	REGISTRAR ess State Regis	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as material worked on may form part of the second it should be used only when needed. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many As examples: "Foreman,"

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



V. S. No. 1.

### N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH County Prince Livings	834	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 234
Village or City weatow	(140,	St.; Ward)  [If death occurred In a hospital or institution, give Its NAME Instead of street and number.]
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MULI COLOR OF RACE	6 SINGLE, MARRIEO, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  Jac  (Month	(1) (Day (Year)	that I last saw ham alive on Jane 14 , 1915
7 AGE 10 yrs.	if LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in		(Duration) - yrs. 2 mos. ds.
which employed (or employer)  9 BIRTHPLACE (State or country)	TUS	Contributory acute Inaigistics Secondary  (Duration) yrs mos ds.
10 NAME OF FATHER Lo Rauh	Blou	(Signed) J. O. Morrive M. D. Jan 30, 1915 (Address) Evaluary Incl.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  4 Augustian	Ind	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	mes	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS; TRANSIENTS, or RECENT RESIDENTS) At place In the of death
(Informant) Chaus B	ST OF MY KNOWLEDGE	If not at place of death? Former or usual residence
(Address) Pasahan 15 Filed Jan 30, 1915 Edg.	an D. Heutt le	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  CLEOPER A Jan 31, 1915  ADDRESS
	REGISTRAR are needed, address State Regi	Wan mahoney accopeds istrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the Insease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pncumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgcause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, or HOMICINAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned The contributory tetanus) may be stated under the head Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED FEB 4 1915 DURMAU, V.S.

No. 1.

V. S.

N. B.

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 S WRITE PLAINLY, WITH UNFADING INK-THIS

	inty Pro	e OF DEATH  Le See	m acho	131	nd wy	CERTI	TE OF MA FICATE ( egistration D St.;War	of DEAT  ist. No  ist. No  if de a hospitz give its	
	PERSO	NAL AND STATISTI	CAL PARTICULA	\RS		MEDICAL	CERTIFICATE	OF DEATH	
3 SE	ex Pale	4 COLOR OR RAGE	5 SINGLE, MARRIEO, WIDOWEO, ORDIVORCED (Write the wo	MigG ord)	16 DATE OF		(Month) CERTIFY, Tha	23 (Day	, 191.5 (Year)
7 AG		(Month)	(Day	(Year)  19/3  (Year)  11 LESS than f day,hrs.	that I last say	w hall	ve on	ed above, at	, 191
(a) par (b) busi whice	CCUPATION Trade, profession, ticular kind of wo General nature or iness, or establi ch employed (or e	rk f Industry,		ORmin. ?	3	ull ,	Swr (Duration)	yrs	ds.
PARENTS	10 NAME OF FATHER  11 BIRTHPL OF FATH (State of	Hear h	Brown	1	(Signed)  *State th	J Cer 3,191 5 (1	AUSING DEATH,	Jass c.	M. D.
	13 BIRTHPLA OF MOTH (State of	ACE LER COUNTRY) PRUE TO THE BES	and and to F MY KNOW	LEDGE	18 LENGTH COR RECENT At place of death	PESIDENTS)  YES mos. ase contracted.	CE (FOR HOSPITAI In the	yrs,	. mos.,ds
15 Elle	(Address)	3300 08	mall	podrof	1	Uno	REMOVAL	DATE OF	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

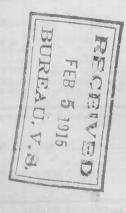
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasaffection necd not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of State cause for



RECORD PERMANENT properly AGI NX UNFADING certificate. 0 0 WITH back See instructions plai 5 DEATH OF mportant. Every Ite

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 247 Ilt death occurred in St :----Ward) a hospital or institution, give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Day (Year) If LESS than and that death occurred on the date stated above, at 1 day, hrs. OR ..... min. ? Prematiere expulsion 8 OCCUPATION (a) Trade, protession, or money particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death ...... yrs. ..... mos. ..... ds. State ..... yrs, \_\_\_\_ mos. Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day taborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. (a) Spinner, (b) Cotton mill; (a) Satcsman, it should be used only when needed. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

pant neoplasms); Meastes; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," valvutar heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or misearrlage as "Puerperal schtichaceause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, ctc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and eonsequences (e. g., by carbotic acid-probably suicide. The nature of the Accidental drowning; Struck by raitway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viodent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tctanus) may be stated under the head of Meastes (disease causing death), 29 ds.; (Recommendations on statement of etc. State cause for

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in.

S. No. 1.

m

RECORD Exact statement PERMANENT stated EXACTLY. properly classified. UNFADING INK-THIS IS AGE carefully supplied. may be DEATH in plain terms, so that it masses instructions on back of certificate. WRITE PLAINLY, WITH Every Item of Information should be CAUSE OF DEATH in plain terms. s. important.

# PHYSICIANS should state of OCCUPATION is very

County Prince Georges, near hitchelbille (No. 1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.....Ward)

[If death occurred in a hospital or institution. give its NAME Instead

FULL NAME	Dustra Dustra
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Male, 4 COLOR OR RAGE  Barrier Colore d  Colore d  Wisower, ORDIVORCED (Write the word)	16 DATE OF DEATH  Jan- 16 (Month) (Day (Year)
6 DATE OF BIRTH  Dec 11th 1914  (Month) (Day (Year)	Jan. 15th 1915 to 1915 that I attended deceased from 1915 to 1915 that I last saw her alive on Jan 15th 1915
7 AGE  If LESS than 1 day,hrs.  yrs. One more, 5ds. ORmin.?	and that death occurred on the date stated above, at One a.m.  The CAUSE OF DEATH* was as follows:  Jaundice
© OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	The mother stated that the child had been sick several days and commune to turn yellow Jan 100 (Duration) yrs mos 10 os.
OF FATHER (State or country)  10 NAME OF FATHER Envory Johnson  11 BIRTHPLACE (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	Contributory Secondary  (Buration) yrs mos ds.  (Signed) J. D. Dufour , M. D.  Jan G., 1914. (Address) Nutchellville, M.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Surie Byers  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  H. Surveden	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Al place in the of death yrs, mos ds.  Where was disease contracted, if not at place of death?  Former or
(Address). Trutchellville, Ind  15 Filed	19 PLACE OF BURIAL OR REMOVAL  On Mr. J. G. Robinson's place Jan. 16", 1915  20 UNDERTAKER  members of family, mitchellille

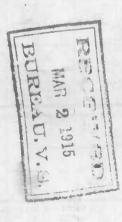
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fieation as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is necmaterial worked on may form part of the second (a) Spinner, (b) Cotton mitl; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Parmer (retired 6 yrs.) For persons If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carein-

ample: Mcasles (disease eausing death), 29 ds.; nant neoplasms); Meastes; Whooping cough; Chronic cause of death approved by Committee on Nomencia-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or misearriage as "Puerperal septichaecause. Aiways qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. vutvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidentat drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or Intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of ete. State cause for For VIO-



V. S. No. 1.

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	Should
ORD	SICIANS
REC	PHY of 6
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	14. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
PERM	stated Exact
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UNFAD	Every litem of information should be carefully supplied GAUSE OF DEATH in plain terms, so that it may be important. See lectricaling on both of continuous
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	PLACE OF DEATH  unty  Place OF DEATH  lage or City  Place OF DEATH  (No. 2)  Place OF DEATH  (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2.35  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI 20 S D	ATE OF BIRTH  Leel Secrete 1	(Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from  191 4, to 1915.  that I last saw half allye on Jan 1910.
(a)	t day,hrs.  ORmin.?  CCUPATION ) Trade, protession, or	and that death occurred on the date stated above, at 6 2 m. The CAUSE OF DEATH* was as follows:
bus	General nature of industry, siness, or establishment in ich employed (or employer)  IRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  10 NAME OF FATHER (State or country)	(Signed) (Address)
PAR	13 BIRTHPLACE OF MOTHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds
15	(Informant)  (Address Tyrestville Midelie Mide	Where was disease contracted, If not at piace of death?  Former or usual residence  19 PLACE OF BURIAF OR REMOVAL  20 UNDERTAKER  ADDRESS  ADDRESS

[Approved by U. S. Census and American Public Health Association.]

applies to each and every persou, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asample: Mcasics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report For vio-



MARGIN

H.

No. 202

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of OCCUPATION IS PHYSICIANS should RECORD Exact statement PERMANENT EXACTLY. stated may be properly classifled. 4 pe 2 should UNFADING INK-THIS AGE carefully supplied. of certificate. that It 80 WITH pe See Instructions on back of information should b WRITE PLAINLY, CAUSE OF I

state Very

County

3 SEX

7 AGE

ARENT

15

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work.

State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country

14 THE ABOVE IS

(Address)

(Informant)

OF FATHER (State or country)

(b) General nature of Industry, business, or establishment in which employed (or employer)

1 PLACE OF DEATH

5 SINGLE. MARRIEO, WIDOWED, MA ORDIVORCED (Write the word)

(Day

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

...Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

Maire.

(Year)

If LESS tha

1 day ..... hr

OR .....min.

KNOWLEDGE

more blanks are needed, address State Re

REGISTRAR

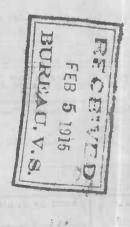
MEDICA	L CERTIFICATE	OF DEATH	
16 DATE OF DEATH	/	3/	. 1915
	(Month)	(Day	(Year)
= 17/ I HEREI	BY CERTIFY, That	I attended de	ceased from
Jan 21	1915 to 10	en 3/	1915
3	War Man	230	- 6
that I last saw hem	alive on	V. V.	, 191.//`
and that death occurred	on the date state	d above, at.	-30Am,
The CAUSE OF DEATH			
-	0-1	/	
acute	Colors	hne	
***************************************		K. C.	no wa
•••••••••••••••••••••••			
0	(Duration)	yrsı	nos 10 ds.
Contributory	1		
Secondary			
	(Duration)	21v	mosds.
(Signed) / Cover	dy Sa	2 4 2 2 -	
2		A Comment	, M. D.
jan 3/ ,191.5	(Address) Con.	Maille	000/124
*State the DISEASE CAUSES, state (1) MI TAL, SUICIDAL, OF HOM	CAUSING DEATH, O	r, in deaths fr and (2) wheth	om VIOLENT er ACCIDEN-
18 LENGTH OF RESIDE	)	SAINSTITUTIONS,	TRANSIENTS,
Af place	In the		
of death yrs mo		yrs,	mos ds
If not at place of death?		04000-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	
Former or			
usual residence	70000000000000000000000000000000000000	20 2 <b>7</b> 24	
19 PLACE OF BURIAL	DRAEMOVAL	DATE OF B	URIAL
- Who mail	ford had	Jeb 2	1915
20 NOERTAKER	0	ADDRESS	
Frot Armst	long	4	allow.
istrar, 6 E. Franklin St., Ba			

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term care the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE who have no occupation whatever, write None. Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, -Precise statement of occupa-Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch if impossible to determine definitely. Examples: ample: Mcasles (disease causing valvular heart disease; Chronic interstitial nephritis. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds., State cause for "Exhaustion," For VIO-



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH	STATE OF MARYLAND
County Prince George	CERTIFICATE OF DEATH
de OR-	Registration Dist. No. 22 47
Village or City Fall (No	St.; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SETY 4 COLOR OF BACE 5 SINGLE,	16 DATE OF DEATH / 4-1/2 5
Hemale white (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	(lass 12 10 0- 1- 1
May 11 184	1913 to 1913,
(Month) (Day) (Year)	that I last saw h. Let alive on Yas 37 1915
7 AGE 11 LESS than 1 day,hrs.	and that death occurred on the date stated above, at 9 9 m,
70 yrs. 8 mos. 6 ds. ORmin.?	The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, protession, er	angua Victoria
parlicular kind of work	
business, or establishment in which employed (or employer)	Juddantly (Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	(Secondary) General debility
10 NAME OF John Libbon	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed)
OF SATHER	Jan 6, 1915 (Address) 623 Magliot - 17-6
OF FATUER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  Reland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds. State yrs, mos, ds.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(interment) Mary & Coales	If not at place of death?
(Address) Bennings RFD.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Jan. 7", 1915 Jahn & Wish food REGISTRAR	Ladderson Chapel Md Jam 8 , 1915 .  20 UNDERTAKER ADDRESS  F. Speches Sons. Bladusburg md
If more blanks are needed, address State Registr	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not material worked on may form part of the second Civil engineer, Stationary fireman, etc. But in many tion is very important, so that the relative Leaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerral septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convuisions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritix nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mails mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never repor oma. Surcoma. etc., of The contributory Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can "Exhaustion," Examples: For vio-



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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

DATE OF BURIAL

fif death occurred in

a hospital or institution.

give its NAME instead of street and number.]

(Day

[Approved by U. S. Consus and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursults can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Item and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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Instructions

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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. fit death occurred is St: .....Ward) a hospital or institution give its NAME instand of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIEO. WIDOWEO, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH (Month (Day) (Year) TAGE It LESS than and that death occurred on the date stated above, st ..... Z a m 1 day ......hrs. OR ..... 7 SOCCUPATION (a) Trada, pretassion, or particular kind of work. (b) General nature of industry. businass, or establishment in which employed (or employer) Contributory..... BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER . 191 ... (Address). 11 BIRTHPLACE ARENT (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN' NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR- RECENT RESIDENTS) 13 BIRTHPLACE At piaca in the OF MOTHER (State or country) ot death ...... yrs. ..... mos. ..... State ..... yrs, \_\_\_\_ Whare was diseasa contracted, If not at place of death?... Former or (Informant) usual residence OR REMOVAL 10, 1910

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by: U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the dibease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculusis of lungs, meninges, peritonaeum, etc.. Carcin-

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No.
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	PLACE OF DEATH 843	STATE OF MARYLAND CERTIFICATE OF DEATH
Co	ounty Prince Jedge	Registered No. 23/
Vi	illage or City Glern arden (No. 2 FULL NAME Mathaniel Cra	St; Ward)  [If death occurred a hospital or institution give its NAME insterned of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 S E	Male Colored (Write the word)	16 DATE OF DEATH  Month)  (Day)  (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased fro
	Mot Knows (Year)	that 1 last saw h alive on
TAG	South 83 yrs mos ds. ORmin.?	and that death occurred on the date stated above, at
(b) busi whi	Orade, profession, or Return de Hannelle (Color kind of work Denoral nature of industry, liness, or establishment in lich employed (or employer)	Contributory Old age On dagestion
TS	10 NAME OF Senard Crawford  11 BIRTHPLACE OF FATHER	Jon 14, 1913. (ADDIESS) LOLA CUM JUNG IM
PAREN	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country) MA HOWMAN	*State the DISEASE CAUSINO DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Thas P. Maynard		Where was disease contracted, If not at place of death? Former or usual residence
15 F)	(Address) Lanhan md	Orashing for LOC Jan 152, 181; 20 UNDERTAKER DATE OF BURIAL  ADDRESS  THE GRAND LOCATION OF ALLENDERS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. scation as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, For persons

loxis of lungs, meninges, peritonaeum, etc.. brospinal meningitis"); Diphtheria (avoid use time and causation), using aiways the same accepted ("Pnennonia," unqualified, is indefinite); Tubercupueumonia"); Lobar pneumonia; Bronchopneumonia "Croup"); fever (the only definite synonym is "Epidemic cereterm for the same disease. causing death (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid Examples: Cerebrospinal

> cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Seniie," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as cause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10°ds. Never report oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:

the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all quen-All the data is essential and must be obtained before



7 5 SICIANS show PERMANENT UNFADING certificate. 50 instructions 틸 5 DEAT WRITE 10 Every item CAUSE OF Important.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.. Ilf death occurred in -Ward) a bospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX S SINGLE. 4 COLOR OR RACE MARRIED. 1919 WIDDWED. (Month) (Dav (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Day (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work.... (b) General nature of industry. business, or establishment in which employed (or employer) -----Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. If not ai place of death? DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Fublic Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucissis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligmia," "l'uerperal peritonitis," etc. mus," "Old Age," "Shock," "Uracmia," "Weakness," ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaccte., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State eause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
FEB 4 1916
BURLLAU. V.S.

8. No.

N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH  County Parise Jeoge Co	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 236
VIIIage or City Man Mutahillaulko	St.; Ward)  [If death occurred in a hospital or Institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single Windows, Orbivorceo (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HÉREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	Jan 22 1916 to Jan 24 1915 that I lest saw h. home alive on Jan 22 P Man, 1915
TAGE    If LESS than     day,	and that death occurred on the date stated above, at 6 am. The CAUSE OF DEATH* was as follows:  September a gun shate wound received to The County (Buration) yrs. mos. ds.
9 BIRTHPLACE (State or country)  Manyland	(Secondary)  Daw him  Deration)  Our days (Deration)  Our days (Deration)  Our days (Deration)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) fabour flowers, M. D.
of Mother Rebecca C Onions  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Interment)  Saffin Hardsky	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place lo the of death yrs, mos, ds.  Where was disease contracted, if not at place of death?————————————————————————————————————
(Address) Mutaballe sible Mnd  16  Filed REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL on farm onfild Chaptan 26, 1915  20 UNDERTAKER ADDRESS FRANK Wood Woodman

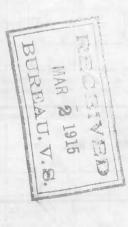
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Acation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

cause of death approved by Committee on Nomenciainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." sepsis, tetanus) dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," ... (name origin; "Can-"Exhaustion," Never report



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 IS FOR UNFADING INK-THIS RESERVED MARGIN PLAINLY, WITH WRITE S. No. 1.

<u>\</u>

Village or City aceuks sk (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 3 4  St.; Ward)  [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Frank Whit: Single, Married, Widowed, Orbitored (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17.  I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH  Jan. S  (Month)  (Day  (Year)  TAGE  If LESS than	that I last saw h. 2 alive on 2 7 1915
TAGE  5-4 yrs mos 23 ds. or	and that death occurred on the date stated above, atm  The CAUSE OF DEATH* was as follows:
particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Obout yrs. mos. ds.
9 BIRTHPLACE (State or country) Prince George  10 NAME OF FATHER John Manning  11 BIRTHPLACE OF FATHER (State or country) District of Columbia  12 Maiden NAME OF MOTHER OF MOTHER  13 BIRTHPLACE OF MOTHER	*State the DISEASE CAUSING DEATH, 'or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidental, Suicidal, or Homicidal.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENCE)  At place  In the
(State or country) Premier  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) R. S. Manning  (Address) Recollect, Incl.	of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Jan 30, 1915 Edgar D. Hourt hus  Begisterer  If more blanks are needed, address State Regis	Huntt & Poyon Walder and trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhold disease."); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "l'uerreral peritonitis," etc. State eause for ture of the American Medical Association.) eause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion,"



T. B. No. 1.

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-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.

Village or City College (No. 2	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 43  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MARVEN WIDOWED, W	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  1914, to Jam 7, 1914,
Month) (Day) (Year)  7 AGE  1 It LESS than 1 day,hrs. 2 mos. 2 7 ds. ORmin.?  8 OCCUPATION (a) Trade, profession, or particular kind of work. Aaslawad law.	that I last saw hour alive on when Mays again, 191 and that death occurred on the date stated above, at 10 m, The CAUSE OF DEATH* was as follows:  And alice of the content of the cont
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Ann. G. ALGZGGO	(Duration)
10 NAME OF FATHER BUILD HALTCHUR  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed)  , 191 (Address)  Paring fully (M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, It not at place of death?————————————————————————————————————
(Address) Bawri Mol.  15  Filed Jany 9, 1915 Nelson a Ryon In o REGISTRAR  If more blanks are needed, address State Registra	19 PLACE OF BURIAL OR REMOVAL  Mitchellsville, and Jany 10, 1915  20 UNTBERTAKER  ADDRESS  Trank Wood Muchellsville  G. G. E. Franklin St., Balton, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not minc, etc. Civil engineer, Stationary Areman, etc. But in many tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Lahorer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc., Carcin-

cause of death approved by Committee on Nomencla dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "PUTEPTERAL septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of "Contributory." The contributory (secondary or Intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin : "Can "Exhaustion," Never repor Examples: cause for



	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	of information should be carefully supplied. AGE should be stated EXACTLY. DEATH in plain terms, so that it may be properly classified. Exact statement
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Instructions

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SICIANS should OCCUPATION IS

RECORD

1896 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred in Village or City. St.:....Ward) a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 1.4.16 (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at X 20 (A m. 1 day,.....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ..... Contributory. 9 BIRTHPLACE (State or country) Secondary (Duration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. - State \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ Where was disease contracted. 14 THE ABOVE IS TRUE, TO If not at place of death? Former or (Interment). usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 ans. 21 1915 aw. 21 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekecpers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," But in many As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important: naut neoplasms); Measies; -Whooping cough; Chronic cer" is less definite; avoid use of "Timor" for maligoma, Sarcoma, etc., of..... (name origin; "Cannus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomençla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary 'or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



PERMANENT proper AG DEATH ö OF Every Ite

#### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in St.:....Ward) a hospital or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Year) I HEREBY CERTIFY, That I attended deceased from (Month) 7 AGE If LESS than and that death occurred on the date stated above. 1 day X hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory certifica Secondary 10 NAME OF FATHER 90 PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, See Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER At place (State or country ot death ...... yrs. ..... mos. ... State \_\_\_\_\_ yrs. \_\_\_\_ mos. Where was disease contracted. If not at place of death?... Former or mportant. usual residence DATE OF BURIAL 15 ADDRESS m If more planks are needed, address State Registrar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the misease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the msease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercalesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canvalvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of Mead-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (Recommendations on statement of Never report



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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH CAUSE OF Important.

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

County 15	Registration Dist. No. 240
Village or City Cedarville (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIOCOWED, OR DIVORCED (Write the word)  8 DATE OF BIRTH	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h allve on
TAGE  If LESS than 1 day,hrs. ORmin.?  **BOCCUPATION** (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at m,  The CAUSE OF DEATH* was as follows:
9 BIRTHPLACE (State or country) M	Contributory Secondary  Duration  yrs mos ds.  (Signed)
11 BIRTHPLACE OF FATHER (State or country) M J  12 MAIDEN NAME Solth Hyde  13 BIRTHPLACE OF MOTHER (State or country) M	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the
(Address) Cadaralle Md,  (Address) Cadaralle Md,  Filed Jan 16th, 1915 Mm H Squires	of deathyrs,mosds. Stateyrs,mosds  Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  ADDRESS

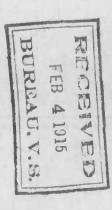
If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kiud of work and also (b)Civil engineer, Stationary fireman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer. who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pheumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUEBPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF MOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," (Recommendations on statement of etc.), "Dropsy," "PUERPERAL septichae-State cause for "Exhaustion,"



state Very PHYSICIANS should of OCCUPATION IS Exact statement stated EXACTLY. carefully supplied. AGE should be st that it may be properly classified. AGE DEATH in plain terms, so that it m See instructions on back of certificate, should be of Information CAUSE OF Important.

UNFADING INK-THIS IS A PERMANENT

WRITE PLAINLY, WITH

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RECORD

1 PLACE OF DEATH

#### 851 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2 14 1

.....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

FULL NAME WE JENNIE	aller
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemel While (Write the word)	16 DATE OF DEATH  Jan 22 , 1915 - (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
June 15-, 1878. (Month) (Day (Year)	that I last saw h M alive on few 22 1915.
7 AGE if LESS than	and that death occurred on the date stated above, at 6,15 P. m.
36 yrs 7 mos 7 ds OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) / yrs. 2 mos. ds.
9 BIRTHPLACE (State or country) North Carolina	Secondary Language Duherenh
10 NAME OF FATHER James Holmes  11 BIRTHPLACE OF FATHER	(Signed) A R Markenzie, M. D.  Jan 22, 1915 (Address) Cofretal Heights
OF FATHER (State or country) North Corrland  12 Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  North Carlina	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Swid & Hally	Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) Capital Hayhis Mi.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied Jane . 24", 1915 John G. Wias V End	20 UNDERSAGE TAPEL FAM T, 1915  20 UNDERSAGE  ADDRESS  408-01-5.8
If more blanks are needed address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Scivant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many oecupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meninglitis"); Diphtheria (nvoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee ou Nomenciasuch, if impossible to determine definitely. Examples: mia," "l'UERPERAL peritonitis," etc. State cause for childblrth or miscarriage as "Puerperal septichaecause. Always qualify all discases resulting from cte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genltal," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head of Measles "Senile," etc.), (Recommendations on statement of (disease eausing death), 29 ds.; (secondary or intercurrent) "Dropsy," "Exhaustion,"



# N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH	STATE OF MARYLAND
County Visice Juova	CERTIFICATE OF DEATH
211	S Registration Dist. No. 236
Village or City Williams No.	St.; Ward) [It death occurred in a hospital or institution,
0 1	give its NAME instead
FULL NAME Sufface	Hoamellon of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH . / 26 . 191.6
Male Colored ORDINGRED (Write the word)	(Month) (Day (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
stell low.	, 191, to, 191,
(Month) (Day (Year)	that I last saw h alive on
7 AGE It LESS than	and that death occurred on the date stated above, atm,
Selle Sore 1 day,hrs.	The CAUSE OF DEATH* was as follows:
BOCCUPATION	A PARA CONTRACTOR OF THE PARA CONTRACTOR OF T
(a) Trade, profession, or particular kind of work	Dicec 15010
(b) General nature ot industry,	
business, or establishment in which employed (or employer)	
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF JUN TU HOREUS Claus	(Signed) Faraleur HOO. M. D.
0 11 BIRTHPLACE	Yest 27 , 1915 (Address) that strelle no
Z (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
of Mother ala Shouras	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORT
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds.
THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Teorgy Meanuelou	Former or usual residence
(Address) Allelelown Med	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
15 1 2 19/	allewow Jan 21, 1915.
Filed Salvy 27, 1915 Salval 6 17 REGISTRAR	Who Paderoll allentown med
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely . symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head Never report



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ORD	N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ver	
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LENT	CTLY.	itemen	
MA	EXA	ct st	
PER	tated	Exa	
N A	be s	Siffed.	
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WRITE PLAINLY, WITH UNFABING INK-THIS IS A PERMANENT RECORD	AGE S	roperly	
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	N. B.		

14

853 1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 232

[If death occurred in

FULL NAME	give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ex 4 COLOR OR RACE 5 SINGLE, MARRIED, Single WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH JAMES 1915  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
GE ALL DE STATE OF BIRTH  (Morth) (Day (Year)  (Year)  (I LESS than 1 day,	that I last saw halive on
CCUPATION () Trade, profession, or inticular kind of work () General nature of industry, siness, or establishment in the employed (or employer)	The CAUSE OF DEATH* was as follows:  (Duration)
10 NAME OF FATHER Nomian Harrion.  11 BIRTHPLACE OF FATHER (State or country) Upper Malbrw Md.  12 MAIDEN NAME	Secondary  (Boration)  yrs mos ds.  (Signed)  , M. D.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Upper marlow Ind	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds  Where was disease contracted,
(Informant) Noman Harron  (Address) Lynn Mailton Med	If not at place of death?—  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  When mailton and for 23, 191
186 Jas 26, 1915 (Brush Arith	20 UNDERTAKER HARMON (ADDRESS

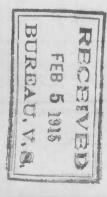
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. gainfully employed, as At school or At home. mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scotiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertalned as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) "Contributory." lnjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of State cause for



RECORD PERMANENT 0 mportant. CAUSE

854 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. I'll death occurred in St .: .....Ward) a hospital or institution. give its NAME instead vgan Ott Har of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE . 191 D. (Address) A aus OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted OF MY KNOWLEDGE if not at place of death? usuai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF THE 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dcaler," etc., without more precise specifirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tiou is very Important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mis," "Old Age," "Shock," "Uraemia," "Weakness," thonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds .: valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably snicide. The nature of the Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio childbirth or miscarriage as "Heart failure," "Haemorrhage," "inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "PUERPERAL septichae-



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OCCUPATION PHYSICIANS statement classified. properly supplied. pe UNFADING may certificate. that 80 To back EATH in plain e instructions 50 0 Item Every Item CAUSE OF Important.

15

855 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred is -Ward) a hospital or institution, give its NAME instead of street and number.] y de William Hemphill and Welle Rath Hemphi AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH MARTIED, WIDO WED, (Month) ORDI e the word) I HEREBY CERTIFY. That I attended decea (Month) (Day (Year) OR ..... ? report appare BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which amployed (or employar) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the MOTHER (State or country) ot death. \_\_\_\_ yrs. \_\_\_ \_\_\_ mos. \_\_ State \_\_\_ Where was disease contracted. if not at place of death? Former or osual residence OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAS

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

minc, etc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salcsman, "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., mia," "l'uerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing dcath), 29 ds.; "Exhaustion,"



T. S. No. 1.

#### N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

County Prince Georges	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 236
Village or City Mitchellville(No,	St.; Ward)  St.; Ward)  A hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
FAGE    Contact   Contact	that Hast sew h allycon 191 and that death occurred on the date stated above, at 2.30 f. m The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Still-born  (Buration) yrs. mos. ds.  Contributory
9 BIRTHPLACE (State or country) Mitchellville Ind  10 NAME OF FATHER HERMAN & HEMEN  11 BIRTHPLACE OF FATHER (State or country) Wisconsin	(Signed) D. AEONVENGEN L. Convents  (Signed) D. AEONVENGEN L. Convents  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
(State or country) Wisconsin  12 MAIDEN NAME OF MOTHER Della P. Thompson  13 BIRTHPLACE OF MOTHER (State or country) Maryland	16 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place In the of death yrs, mos, ds, State yrs, mos, ds,
(Interment) Alexander W. Herry  (Address) Mitchellielle M. d.	Where was disease contracted, It not at place of death?  Former or  usual residence.  3º PLACE OF BURIAL OR REMOVAL  Private burial ground on farm  on bedar dance  2º UNDERTAKER  ADDRESS
Filed, 191	Herman W. Hener Mitchellville

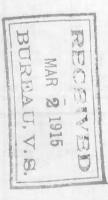
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease, already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcinological control of the death of the dea

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerreral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Candeath), 29



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Item of information should be carefully supplied. AGE should be st I OF DEATH in plain terms, so that it may be properly classified. ant. See instructions on back of certilicate.

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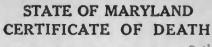
N. B.-

WRITE PLAINLY, WITH UNFADING INK-THIS IS

RECORD

1	PLACE	OF	DEAT
	.0.	M	

H County



Registration Dist. No.....

St.;....Ward)

[If death occurred in a hospital or Institution, give its NAME instead of street and nomber.]

PERS	SONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Female	4 COLOR OR RACE White	Single, MARRIED, Suigle WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH		1 5 1915	17 I BEREBY GERTIFY, That I attended deceased from
7 AGE	yrs	If LESS than 1 dayhrs.	and that death occurred on the date stated above, at
(a) Trade, professi particular kind of (b) General nature business, or esta which employed (o	ion, or worke of Industry,		Stack born  (Duration) yrs mos ds.
State	PLACE THER or country) Destr	ton Horrard Jr net of Columbia	(Signed) (Doration) yrs mos ds.  (Signed) (Address) (Signed) (Address) (Signed) (Address) (Address) (Causes, state (1) Means of Injury; and (2) Whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Destrict & Columbia  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		ict g Columbia	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
(Informant) (Address)	Heyatte	a Jack Severe	Usual residence  19 PLACE OF BURIAL OR REMOVAL  PASSING OF BURIAL  20 UNDERTAKER  ADDRESS  Bladenslurg Master, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

857

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaeample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of dcath approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

AGE

RECORD

PERMANENT

4

WRITE PLAINLY, WITH UNFADING INK-THIS

CAUSE OF important.

N. S.

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Sunce Seorge	Registration Dist, No. 233
Village or City Dorukeys (No. 27 ULL NAME Still burn	St.; Ward)  [If death occurred le a hospital or Institutioe, give Its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIEO, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191, to, 191,
(Month) (Day (Xear)	that I last saw halive on
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession, or particular kind of work	ptill bom
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory (Buration) yrsmosds.
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF Benjamin Johnson	(Signed) Cruest Or planner, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL OF VIOLENT CAUSES.
a Offary Hill	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
(Informant) Syon got Il	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Northbergs, and	Brooks Church em Jan 13 1915
Filed Jan 13, 1915 Grovest IV. Garne	SUNDERTAKER JOHNSON ADDRESS AMA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question applies to each and every persou, irrespective of age who have no occupation whatever, write None. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthfuleated thus: CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Houscuife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. tication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (d) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: Salcsman, (b) But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ample: Mcastes (disease eausing valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. er report more symptoms or terminal conditions, such as "As-LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeeause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inamition," "Marasgenital," "Scuile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Mcdical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Puerperal peritonitis," tetanus) may be stated under the head (Recommendations on statement of cte. State cause for death), 29 ds.; For VIO-



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in ....Ward) a hospitat or institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIEO. WIOOWED. ORDIVORCED (Write the word) (Month) (Day I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Kear) If LESS than and that death occurred on the date stated above, at..... 1 day,.....hrs. The CAUSE OF DEATH\* was as follows: OR ..... nin. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place of death ...... yrs. ..... mos. .... ds. State \_\_\_\_\_ yrs. \_\_\_\_ mos. Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death?..... Former or usual residence..... 19 PLACE OF BURIAL/OR REMOVAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

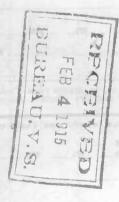
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[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken gainfully employed, as At schoot or At home. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement essary to know Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Ptanter, who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day taborer, Farm taborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is nee-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persous (b) Cotton milt; (a) Salesman, (a) the kind of work and also (b) report specifically the occupations If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State eause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial neptritis, such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJUBY and qualify as childbirth or misearriage as ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainwhich surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "PUERPERAL septichae-



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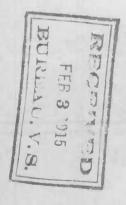
STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 230 If death occurred in St.;....Ward) a hospital or institution, give its NAME Instead L. Knoblock of sfreet and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED WIDOWED, (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 7 AGE and that death occurred on the date stated above, at # 0, m. If LESS than t day,.....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE Contributory Secondary (State or country) FATHER / (Signed) ARENTS 11 BIRTHPLACE (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER -18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. , State .\_\_\_\_ yrs. \_\_\_ mos. \_\_\_\_ ds Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS If more bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be iudicausing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very Important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous "Foremau,"

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS IS See instructions on back of certificate. PLAINLY, WITH WRITE CAUSE OF Important. 3 N. B.

861 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospilal or institution, St.;....Ward) give its NAME Instead of street and nomber. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH

3 5	EX	4 COLOR OR RACE	SINGLE,	18 DATE OF DEATH
	-ule	1	WIDOWED,	(Month) (Day (Year)
		por here	(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRT	н		Jan / 1915 to Jan 7 1915
		Sefe	t 4 1830	7
7		(Month)	(2001)	that I last saw home alive on 1915
7 A	GE		If LESS than	and that death occurred on the date stated above, at 2 13 Frm.
	,	8 4 yrs 4	mos. ds. or min,?	The CAUSE OF DEATH* was as follows:
80	CCUPATION			
	) Trade, profession rticular kind of w		mer veteries	chrone interestical supporter,
101 /	General nature	//		
bus	iness, or estab	dishment in	· · · · · · · · · · · · · · · · · · ·	(Duration) — yrs 6 mas — ds.
-	IRTHPLACE	employer)		Contributory arthura
В	(State or cou	untry)		Secondary
-	110	11/11/11	4 -	(Duration)yrsmos 2 ds.
	OF FATHER (State on country)			(Signed) 3 m Bracky M. D.
S				Jan 8, 1915 (Address) Kacili to the
Z				
ARE			eg.	/ *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
PA	12 MAIDEN NAME OF MOTHER Place Goddard		6 11	TAL, SUICIDAL, OF HOMICIDAL.
1004			Joadard-	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOT		Id	At place in the
14			9,	of deathyrs ds. State yrs mos ds Where was disease contracted.
	HE ABOVE I	C / TO THE BES	T OF MY KNOWLEDGE	If not at place of death?
	(Intormant)	Edma a.	June -	Former or usual residence
		051 90	of Mr. On of of	219
	(Address)-	183 - 2	I IN VINO	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	0	211 10	0211-11-	cadaggraphy name from 1916
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If more blanks are needed, address State Registrar, 6 E. Frankfin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the who have no occupation whatever, write Nonc. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e.g., such, if impossible to determine definitely. Examples: nant neoplasms); Measles; Whooping cough; Chronic ture of the American Mcdical Association. cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Pursperal septichacete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Juanition," "Maras-"Collapse," "Coma," "Couvulsious," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustlon,"



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PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

St.:....Ward)

a hospital or institution. give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED, Sing OROIVDRCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH that I last saw ham slive on ..... (Day (Year) If LESS than and that death occurred on the date stated above, at //. ( .m. 1 day. hrs. OR ..... ? Premature expulsion 8 OCCUPATION (a) Trade, profession, or now particular kind of work... (b) General nature of industry, business, or establishment in (Duration) yrs. which employed (or amployer) ...... 9 BIRTHPLACE (State or country) Contributory..... Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ Where was disease contracted. If not at place of death?-Former or usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

19 PLACE OF BURIAL OR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

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mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaccanse. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease eausing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injnry, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



No.

si NOI OCCUPATION PHYSICIANS RECORD PERMANENT classifled. properly pe UNFADING may certificate. 80 back terms, pinous uo PLAINLY, plain See Instructions Information 2 DEATH 0 Item OF mportant. ы Every m ż

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.2 If death occurred in ....Ward) a hospital or institution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, MARLICE (Month) ORDIVORCED HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OFFATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) In the of death ---- Yrs. \_\_ State \_ ds. Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 room 20 UNDERTAKER DDBESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact muy be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaeaffection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," themia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgleal operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Hanition," "Maras-"Collapse," "Coma," is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "Convulsions," "Debility" ("Con-Never report



MARGIN RESERVED FOR BINDING

V. S. No. 1.

#### PERMANENT RECORD 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.—Every Item CAUSE OF

Village or City  Villag						
PERSONAL AND STATISTICAL PARTICULARS A	MEDICAL CERTIFICATE OF DEATH					
Male White (Write the word)	(Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from					
6 DATE OF BIRTH TELESUARY, 13 , 1851 (Monthly (Day (Year)	that I last aaw has alive on au 28, 1915,					
7 AGE 63 yrs // mos /8 ds. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:					
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	telly according					
business, or establishment in which employed (or employer)	(Duration) yrs mos ds.					
9 BIRTHPLACE (State or country) Maryland,	Contributory Secondary  (Duration) yrs mos ds.					
10 NAME OF Bickers Marlow	(Signed) 4 Jacker, M. D.					
11 BIRTHPLACE OF FATHER (State or country)  M. 12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.					
of Mother Mary Holdins	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS					
13 BIRTHPLACE OF MOTHER (State or country)  Mary land.	At place in the of death yrs, mos ds. State yrs, mos ds Where was disease contracted.					
(Informant) TO THE BEST OF MY KNOWLEDGE	If not at place of death?  Former or  usual residence.					
(Address) & owie, IRId:	19 PLACE OF BURIAL OR REMOVAL TELES (11, 1915					
Filed Feb. 1915 (Nm. a. Fairall REGISTRAR	Der Tseuch haute Ma					

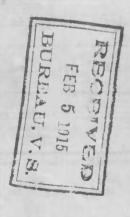
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ented thus: uess. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term ou the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

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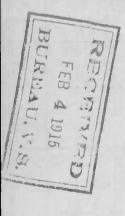
STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 4  Village or City McCloud (No. St.; Ward)  PERSONAL AND STATISTICAL PARTICULARS  SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED WIDOWE
Village or City MC CLOST (No. St.; Ward)  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL PARTICULARS  Solvette or Country)  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  (Month) (Day (Year)  (Write the word)  If LESS than 1 day, hrs. OR min.?  Contributory  Soccupation of Industry, particular kind of work  (B) General nature of Industry, particular kind of street and number of Industry,
Village or City McClested (No. St.; Ward)  2FULL NAME  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  WOONED COLOR OF BIRTH  2 1 10 Month)  (I) May  (Nonth)  (I) May  (Year)  TAGE  1 HERESY CERTIFY, That I attended deceased from that I last saw h 2 alive on 1 and that death occurred on the date stated above, at 2 3 9 min.?  9 OCCUPATION  (A) Trade, protession, or particular kind of work  (B) Contributory  (Contributory  Secondary  (Duration)
Village or Gity  Village or Gity  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  COLOR OR RACE  SINGLE, MARRIED SOURCE (Write the word)  DATE OF BIRTH  TAGE  ILESS than 1 day, hrs. OR min.?  COCUPATION (a) Trade, profession, or particular kind of work.  OR min.?  Contributory Secondary  (Duration)  JIS desthough of sireel and number.]  III death occurred in a hospital or institution, give lits table and number.]  MEDICAL CERTIFICATE OF DEATH  (Month) (Day (Year)  16 DATE OF DEATH  1915.  17 I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at 1915.  The CAUSE OF DEATH was as follows:  Contributory Secondary  (Duration)  JTS, mos. ds  Contributory Secondary  (Duration)  JTS, mos. ds
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  4 COLOR OR RACE  WARRIED WINDOWED WINDOWED WOON ON OR
TAGE    Color of Race   Single   Married   Married   Month   M
**MARIED SURVINE CONTROL OF BIRTH  **DATE OF BIRTH  **DAT
TAGE    It LESS than   that I last saw h   alive on   feet   b   1915
(Month) (Day (Year) that I last saw h 2 alive on 1915.  TAGE  It LESS than and that death occurred on the date stated above, at 25 0 mmln.?  BOCCUPATION (a) Trade, protession, or particular kind of work on the date stated above, at 25 0 mmln.?  BOCCUPATION (a) Trade, protession, or particular kind of work on the date stated above, at 25 0 mmln.?  BOCCUPATION (a) Trade, protession, or particular kind of work on the date stated above, at 25 0 mmln.?  BOCCUPATION (a) Trade, protession, or particular kind of work on the date stated above, at 25 0 mmln.?  BOCCUPATION (a) Trade, protession, or particular kind of work on the date stated above, at 25 0 mmln.?  BOCCUPATION (a) Trade, protession, or particular kind of work on the date stated above, at 25 0 mmln.?  BOCCUPATION (a) Trade, protession, or particular kind of work on the date stated above, at 25 0 mmln.?  BOCCUPATION (a) Trade, protession, or particular kind of work on the date stated above, at 25 0 mmln.?  BOCCUPATION (a) Trade, protession, or particular kind of work on the date stated above, at 25 0 mmln.?  BOCCUPATION (a) Trade, protession, or particular kind of work on the date stated above, at 25 0 mmln.?  BOCCUPATION (a) Trade, protession, or particular kind of work on the date stated above, at 25 0 mmln.?  BOCCUPATION (a) Trade, protession, or particular kind of work on the date stated above, at 25 0 mmln.?  BOCCUPATION (a) Trade, protession, or particular kind of work on the date stated above, at 25 0 mmln.?  BOCCUPATION (a) Trade, protession, or particular kind of work on the date stated above, at 25 0 mmln.?  BOCCUPATION (a) Trade, protession, or particular kind of work on the date stated above, at 25 0 mmln.?
TAGE  It LESS than 1 day,hrs. ORhrs. OR
TAGE  It LESS than 1 day, hrs. OR min.?  B OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  PARA  It LESS than 1 day, hrs. OR min.?  ACLUSE OF DEATH was as follows:  Contributory Secondary  (Duration)  Mrs. 2 mds: ds  Contributory Secondary  (Duration)  Mrs. 2 mds: ds
B OCCUPATION (a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  9 BIRTHPLACE (State or country)  10 NAME OF (Duration)
B OCCUPATION (a) Trade, protession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  9 DIAME OF (Duration)  10 NAME OF (Duration)
(a) Trade, protession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF (Duration)  (Duration)  yrs. 2 mos. ds  (Duration)  yrs. 2 mos. ds
(b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF
business, or establishment in which employed (or employer) and which employed (or employer) and country)  9 BIRTHPLACE (State or country)  10 NAME OF (Duration) yrs
9 BIRTHPLACE (State or country)  Ond  Ouration  Ouration
Duration) yrs mos ds
10 NAME OF DIA
FATUED / / / / / / / / / / / / / / / / / / /
FATHER William Parall (Signed) & States W. D.
of FATHER and
(State of country) (State of cou
TAL, SUICIDAL, OF HOMICIDAL.  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  At place of death yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE LETRUE TO THE BEST OF MY KNOWLEDGE / If not at place of death?
(Intermant)—Lauces Marshall Former or usual residence
MOLILIAND AND 19 PLACE OF RURIAL OR REMOVAL ADATE OF RURIAL
(Address) Upper Month of Jone 14 1915
20 INDEPTAKED ADDRESS
Filed Muss & 1915 - REGISTRAR M CACAK Consulty De the Char Class
If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, It is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

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nant neoplasms); Meastes; Whooping cough; Chronie mus," "Old Age," "Shock," "Uraemia," "Weakness," valentar heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanns) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichueetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitlou," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," (Recommendations on statement of (disease causing death), 29 ds.; etc.), "Dropsy," "Exhaustiou," Never report For vio-



V. S. No. 1.

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Male White (Write the word)  8 DATE OF BIRTH	CERTIFICATE OF DEATH  Registered No. 245  [If death occurred in a hospital or institution, give its NAME instead of street and number.]  MEDICAL GERTIFICATE OF DEATH  ATE OF DEATH  (Month) (Day) (Year)  I HEREBY GERTIFY, That I attended deceased from 1915, 1915, 1915,
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE SINGLE, MARRIED, MARRIED, ORDIVORCED (Write the word)  16 D  17	MEDICAL GERTIFICATE OF DEATH  ATE OF DEATH  (Month)  (Day)  (Year)  I HEREBY GERTIFY, That I attended deceased from
Male 2 Stute (Write the word)  4 COLOR OR RACE S SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)  16 D	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from
Male White the word)  Married Widowed, Married ORDIVORCED (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from
San and Market and Mar	
1.4 7 0	last saw h alive on 17 0 1916
( ) day bre	hat death occurred on the date stated above, at
SOCCUPATION  (a) Trade, profession, or particular kind of work  (b) Beneral nature of Industry, business, or establishment in which employed (or employer)  SEIRTHPLACE (State or country) New York State  (Country)	(Duration) / yrs. t. mos. ds.  Ontributory Pulmonary tuberculous  Secondary) (Boration) / yrs. mos. ds.
OF STATE (State or country) New York  CA  Manuel Ma	d)
13 BIRTHPLACE OF MOTHER (State or country) New York of dei Where I'll not the BEST OF MY KNOWLEDGE I'll not formant) A of the land of the	th yrs. mos. ds. State yrs. mos. ds. was disease contracted, at place of death?
(Address) Hy attrille. Incl. 19 p	Has hinglon LOS Date of Burial  Mas hinglon LOS Date of Burial  Manual M

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of lilbeen changed or given up on account of the DISEASE Servant. Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and chlidren, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. As examples: additional line is provided for the latter statement; The nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons (0)

Statement of cause of death—Name, first, the dibease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "("toup"); Typhoid fever (never report "Typhoid preumonia"); Labar pacumonia; Bronchopneumonia unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc.. Carcin-

nant neoplasms); Measles; Whaoping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acotsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvulur heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of .... ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Oid Age," "Shock," "Uraemla," "Weakness," "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

Prince Georgis N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Vi	llage or City Senbrook (No.	Mossour [If death occurred to a hospital or institution, give its KAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE		16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
6 D	(Month) (Day) (Year)	fau 12, 1917, to fau 11 1915, 1915, that I last saw hour alive on fau 11, 1915.
7.AC	1 LESS than 1 day, hrs. OR mos. 15 ds. OR min.?	and that death occurred on the date stated above, at
(a) par (b) busi	CCUPATION  Trade, profassion, or darryman  floular kind of work	Mitral (Duration) 20 yrs. mos. ds.
	RTHPLACE (ate or country) Washington & &	Contributory Administrative Fever (Secondary)  (Duration) yrs mos ds.
S	11 BIRTHPLACE: Morrow	(Signed) The Month of Joursey, M. D.
ARENT	(State or country) Syland  12 Maiden Name OF MOTHER  12 MOTHER  13 MOTHER  14 MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
P)	13 BIRTHPLACE OF MOTHER (State or country) Washing tore & 6.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENTS) At place In the of death
	(Informant) foline 6. Morrow	Where was disease contracted, It not at place of death?  Former or usual residence
15 Fil	(Address) Szabrooke, md.  Aug 13, 1915 Nelson Akyon MS  REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER  ADDRESS  ADDRESS
	If more blanks are needed, address State Registra	r. 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illcated thus: Farmer (retired 6 yes.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care material worked on may form part of the second additional line is provided for the latter statement first line will be sufficient, e. g., tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, (b) Cotton mill; (a) Salesman, Harmer or Planter, For persons

Statement of cause of death—Name, first, the digease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (uever report "Typhoid neumonia," unqualitied, is indefinite); Tuberculosis of lungs, meninges, peritongeum, etc.. Carcinlosis of lungs, meninges, peritongeum, etc...

childbirth or miscarriage, as "PUERPERAL septichaeample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. ralpular heart disease; Okronic interstitial nephritis nant neoplasms); Measles; Whopping cough; Chronic nant neoplasms); Measles; Whopping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Coutributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT PEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Apoma. Sarcoma. etc., of .... Bronchopneumonia (secondary), 10 ds. Never report The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion, (name origin; "Can State cause for Examples:



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1 PLACE OF DEATH

CERTIFICATE OF DEATH Registration Dist. No I If death occurred in .....Ward) a hospital or Institution, give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 aINGLE, 3 SEX 4 COLOR OR RACE an MARRIED. WIDOWED. (Month) (Day) ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from investigated 8 DATE OF BIRTH ....., <del>191</del>.... Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at .... 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) --Gontributory..... State or country) (Secondary) 10 NAME OF FATHER S (Address) 11 BIRTHPLACE RENT (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 4 OF MOTHER 8 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs, \_\_\_\_ mos. \_\_\_ Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ..... 191..... 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who have no occupation whatever, write None. should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," ctc., without more precise specicases, especially in industrial employments, it is necstatement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question material worked on may form part of the second tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "PUERPERAL septichaedent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Contributory." Accidental drowning; Struck by railway train-acci-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (disease causing "Dropsy," "Exhaustion," etc. State cause for (name origin; "Candeath), 29 ds.;



V. S. No. 1.

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 20 Ilf death occurred in ...Ward) a hospital or institution. give its NAME lostead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RAGE MARRIED. WIOOWED. (Month) ORDIVORCEO I HEREBY CERTIFY, That I attended deceased from (Month) (Day TAGE if LESS than and that death occurred on the date stated above, at f day,....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Buration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary (Doration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE Af place in the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_ State \_\_ Where was disease contracted. THE ABOVE IS TRUE TO If not at place of death?. Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons causing dearii, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Honsewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fieatlon as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. been changed or given up on account of the disease essary to know (a) the kind of work and also (b) first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

uant neoplasms); Measles; Whooping cough; Chronic scpsis, tetunus) may be stated under the head of injnry, as fracture of skuil, and cousequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State canse for nns," "Old Age," "Shock," "Uracmia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canthre of the American Medicai Association.) canse of death approved by Committee on Nomencla-"Contributory." childbirth or misearriage as "Puerperal septichacete., when a definite disease can be ascertalued as the affection need not be stated unless important. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which sargical operation was undertakeu. "Heart failure," "Haemorrhage," "Inanttion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Scuile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



V. S. No. 1.

N. B.

-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	PLACE OF DEATH  Inty Prince George  age or City Laurel  Place of Death  (No. 2)  PLACE OF DEATH  (No. 2)  PLACE OF DEATH  (No. 2)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 239  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	* A COLOR OR RACE S SINGLE, MARRIED, WIDOWEO, MARRIED, WIDOWEO, MARRIED, WIDOWEO, MARRIED, Willow (Write the word)	16 DATE OF DEATH COLUMN 13 , 1915.  (Month) (Day (Year)  17   I HEREBY CERTIFY, That I attended deceased from
DA	Nov 24 1892.	Jule 1 191 4 to 2 2 13, 191 1.
	(Month) (Day (Year)	that I last saw hal alive on Jones, 191.
7 AG	2 3 yrs / mos /9 ds OR min.?	and that death occurred on the date stated above, at
(a) part (b)	CUPATION Trade, profession, or Hoular kind of work Generat nature of Industry, ness, or establishment in	(Duration) / yrs 6 mos ds
9 811	h employed (or employer)	Secondary (Darks)
ITS	10 NAME OF FATHER James Hebron  11 BIRTHPLACE OF FATHER	(Signed) (Signed) (Address) Jarrel 11d
PARENTS	12 MAIDEN NAME OF MOTHER Sanah Brown	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds  Where was disease contracted.
	totormant) & cliath Solbran	If not at place of death?  Former or  usual residence
15	(Address) Saurel md Naw 15 5 Waw, a, Fairall	19 PLACE OF BURIAL OR REMOVAL  Murker 1915  20 UNDERTAKER  ADDRESS
File	REGISTRAR	Fisher & Phair Lurel
	If more blanks are needed address State Regis	trar 6 E Franklin St Raita Requesting V S No 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every persou, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But lu many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yes.) For persous return "Laborer," As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carein-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. mant neoplasms); Measles; Whooping cough; Chronie ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Canby earbolic acid-probably suicide. which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Drobsy," The nature of the "Exhaustion,"



### BINDING FOR RESERVED MARGIN

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tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. be properly classifled. UNFADING INK-THIS AGE carefully supplied. may on back of WRITE PLAINLY, WITH DEATH in plain See instructions CAUSE OF important.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

....Ward) St.:

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORINGRED ORINGRED ORINGRED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH, 1	that I last saw h 2x alive on 1915
7 AGE (Month) (Day (Year)  1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	the Case I down the dera form who a fall (Duration) yrs. mos. ds.
State or country)  Sermany  10 NAME OF FATHER Michaela Dadelet  11 BIRTHPLACE OF FATHER (State or country)  Lemany  State or country)	(Signed) (Duration) yrs mos ds.  (Signed) (Address) (Add
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  (Informant)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs, mos, ds. Where was disease contracted, If not at place of death?  Former or
(Address) Louvel. Md	19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL  20 UNDERTAKED  20 UNDERTAKED  20 UNDERTAKED  APPRESS  APPRESS  APPRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: duties of the household only (not paid Housekeepers statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, etc. If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yes.) For persons But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approped by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of "Dropsy," The nature of the State cause for "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 5 1915 BUREAU, V.S.

V. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Gringe Groge  CERTIFICATE OF DEATH  Registration Dist. No. 235  Village or City Subland (No. , Md St.; Ward)  Registration Dist. No. 235  [If death occurred a hospital or institute of the country of the countr	ion, ead
Sulland Med Was [If death occurrent	ion, ead
	ion, ead
2FULL NAME Charles & Schewides of street and number	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 GOLOR OR RACE 6 SINGLE, MARRIED. WILDOWED, WILDOWED, WILDOWED, WILDOWED, WILDOWED, WILDOWED, Wildows (Month) (Day (Year Wildows))	15 r)
17 I HEREDT CERTIFT, That I attended decyased	rom
6 DATE OF BIRTH / 1914, to Jace 121, 191	5.
(Month) (Day (Year) that I last saw h Mulalive on Jace 1 at 19	5
FAGE If LESS than and that death occurred on the date stated above, at 12-30	77
1 day,hrs. The CAUSE OF DEATH* was as follows:	≘m,
yrs mos. or min.? acule total privers	
8 OCCUPATION (a) Trade, profession, or	
particular kind of work elequieer Lovenneut	******
(b) General nature of industry, business, or establishment in South Printing of (Ouration) which employed (or employer) which employed (or employer)	ds.
9 BIRTHPLACE (State or country) Washington DG Secondary	4.
10 NAME OF Schreede (Signed) John Sausburg.	as. M. D.
11 BIRTHPLACE OF FATHER (State or country) (/ash )6. *State the Disease Causing Death, or, in deaths from Viol	LENT
CAUSES, State (1) MEANS OF INJURY; and (2) whether Accident of MOTHER  12 MAIDEN NAME OF MOTHER  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORT	DEN-
OF RECENT RESIDENTS) At place OF MOTHER (State or country) seekeeoeou  of death yrs mos ds. State yrs mos	
the above is true to the Best of My Knowledge  (Informant) William It hisher  (Informant) I william It hisher	-800+00w
(Address) Suittand Mid 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
Filed aug 1915 Penul & Cot 20 UNDERTAKER ADDRESS	16
If more blanks are needed, address State Registrar, 6 E. Franklin St., Falto., Requesting V. S. No. 14	1

Macolia

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indicausing peath, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second cuses, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Colton mill; (a) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Salesman,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonacum, etc., Carcin-

cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably HENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a defiuite disease can be ascertained as the The contributory (secondary or intercurrent) is less defiuite; avoid use of "Tumor" for malig tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



should is OCCUPATION RECORD statement PERMANENT properly INK supplied. pe UNFADING may terms, n back DEATH In plain WRITE OF CAUSE Every

PLACE OF DEATH

CERTIFICATE OF DEATH Registration Dist. No. Ill death occurred is St:----Ward) a hospital or institution give its NAME Instead a. Schueles of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, Sur (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... mln. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in Gercary a Provisiona S which employed (or employer) certificate. Contributory Brone (State or country) 10 NAME OF FATHER 10 ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the ot death ...... yrs. .... mos. .. State \_\_\_\_\_ yrs.\_\_ \_ ds. Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death?. Former or mportant. usual residence. 19 PLACE OF BURIAL OR Michael DATE OF BURIAL alu 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

873 STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehlldren, not duties of the household only (not paid Housekeepers additional line is provided for the latter statement; been changed or given up on account of the disease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. For many occupations a single word or term on the applies to caeh and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Ilyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) sepsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as eause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "PUERPERAL septichae-Never report



PERMANENT INK 0

Instructions

OF

Every

mportant.

OCCUPATION

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County 1 mules me Registration Dist. No. Ilf death occurred in .....Ward) a hospital or institution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Dav ORDIVORCEO I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above, at 1 day ..... hrs. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory. Secondary (Duration) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State Where was disease contracted. If not at place of death?.. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 Jun ADDRESS

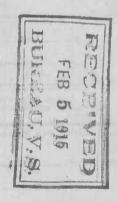
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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FOR BINDING RESERVED MARGIN PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

AGE should

S. No. 1.

WRITE

CAUSE OF Important. S

N.B.

1 PLACE OF DEATH

875

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.-

.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While Single, Married, Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw halive on, 191
7 AGE   It LESS than 1 day,hrs.   OR	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, profession, or particular kind of work	JAN JANA
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds
9 BIRTHPLACE (State or country)	Contributory Secondary  (Ourstine)  (Ourstine)  (Ourstine)
10 NAME OF FATHER Page Talque	(Signed) Af Jacobow Dawn, M. D
11 BIRTHPLACE OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Dearth, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden
12 MAIDEN NAME OF MOTHER TOMAS VINCEN	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  Tord	At place in the of death yrs mos ds. State yrs mos ds
(Informant)	Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) Aguarco Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Agrange Total June 2, 1917
Filed Jan 2 nd, 191 & Colona V. Coules	20 UNDERTAKER ADDRESS
/_	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. statement. who have no occupation whatever, write Nonc. been changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," engineer, (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Tuerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart discase; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Ilcart failure," "Haemorrhage," "Inauition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of For vio-



S. No. 1.

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Village or City Brulinors

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 248

Baster

St.;\_\_ .....Ward)

[If death occurred in a hospital or lostitution, give Its NAME Instead of street and number.]

FULL NAME Clara Romanda Vansciner

PER	SONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Finale	4 COLOR OR RACE	Single, MARRIED, Josepher WIDOWED, ORDIVDREED (Write the word)	16 DATE OF DEATH  Jan (Month) (Day (Year)
6 DATE OF BIF	Anly (Month)	16,1854	17 I hEREBY CERTIFY, That I attended deceased from 191, 191, 191
7 AGE	,	(Day (Year)  If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 11.300, m The CAUSE OF DEATH* was as follows:
(a) Trade, profess particular kind of (b) General natur	sion, or funcion f work. Find the state of Industry,	ife	Angina Peelosis
business, or est which employed ( 9 BIRTHPLACE (State or c	(or employer)	en	Contributory Secondary
IO NAME FATHE  II BIRTH OF FA (State  I 2 MAIDE OF MA	PLACE ATHER e or country) Muslin	- www	(Signed) Aching Garder R. E. Batto M. 1  Jan 2 , 1915 (Address) Mt Ramis Med  *State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHI OF MO (State	OTHER Vrush		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place in the of death yrs mos ds. State yrs mos ds.  Where was disease contracted, if not at place of death?
(Informant)—  (Address 15 Files Jan	Wallson E Brutino	Mansevar.	Former or USUAL residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS
Filen		REGISTRAR	H. Lasch's Lone Bladensburg strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indl-Nevcr return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or mlsearrlage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatie), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "Asaffection need not be stated unless Important. dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations ou statement of "Dropsy," "Exhaustion,"

If this ccrtificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 4 1915 BURBAU. V.S.

should s PHYSICIANS should of OCCUPATION RECORD PERMANENT properly AGE pe UNFADING may certificate. 20 0 back terms, plain Instructions = DEATH See OF mportant. Every

> m ż

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in .....Ward) a hospital or institution. give its NAME insfead of sfreef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX 16 DATE OF DEATH 5 BUNGLE. 4 COLOR OR RACE MARRIED. WIDDWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE if LESS than and that desth occurred on the date stated above, s 1 day,....hrs. The CAUSE OF DEATH\* was 6 OR ..... ? BOCCUPATION (2) Trade, profession, or parficular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ..., 191 5... (Address). ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_\_ mos. Where was disease contracted. if nof at place of death? Former or usual residence. PLACE OF BURIAL DATE OF BURIAL 15 20 UNDERTAKER DDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question applies to each and every person, irrespective of age who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager." "Dealer." etc. without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As exam.
(a) Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engincer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

childbirth or misearriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inauition," "Marasaffection need not be stated unless important. Exculvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomenclascusis, tetanus) injnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The unture of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DESTITS State MEANS OF INVEST and quality a etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of Never report



No. 1.

V. S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

	PLACE OF DEATH	878 STATE OF MARYLAND
Cor	unty On. Ged, 16	CERTIFICATE OF DEATH
COL		Registration Dist, No. 240
	B.	
Viii	lage or City / Mandyune (No,	St.;Ward) [If death occurred in a hospital or institution,
	6	give its NAME Instead
	2 FULL NAME Susie Seymon	Mashing trans
	TOLL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RAGE 5 SINGLE,	16 DATE OF DEATH Jaw 27th, 1915
7	Cemale Colored (Write the word)	(Month) (Day (Year)
-		17 I HEREBY CERTIFY, That I attended deceased from
O DA	ATE OF BIRTH	, 191, to, 191, 191,
	(Month) (Day (Year)	that I last saw h allycon
TAC		and-that death occurred on the date stated above, at 6-30-0-m,
	/ 1 day,hrs.	The CAUSE OF DEATH* was as follows:
	yrsmosds.   ORmin. ?	A
	CCUPATION Trade, protession, or	Conquitial, Parales; 11
par	rticular kind of work	(Prehiature 7 months )
(b)	General nature of industry, iness, or establishment in	- Control of the Cont
	ch employed (or employer)	(Duration) yrs mos ds.
9 BI	RTHPLACE (State or country)	Gontributory Secondary
	yra,	(Duration) yrs mos ds.
	10 NAME OF STATHER	(Signed) I'm & Agrupes J. Pacting Corner
**	Deymon Washington	1 rtto 1 1 . Mad
118	11 BIRTHPLACE OF FATHER	Jan, 2/ 11 , 1915 (Address) Islandyurue Ma.
Ü	(State or country) Wash. D. le	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PARENTS	12 MAIDEN NAME OF MOTHER	
ш.	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
27	OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	8 . 92 11	If not at place of death?
(	(Interment)— Justin 1 June 1	usual residence
	(Address). I Mandymine Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		Gillons M. E. Cemetery Jan. 28th 1915
File	and Jan 2 The Jun It Squires	20 UNDERTAKER ADDRESS
1116	Local REGISTRAR	Agrilla Henson Brandyume
	If more blanks are needed, address State Regist	trar. 6 M. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report Ex-



RECORD

-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.

VIIIage or City lyper markow (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 23 2  [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MAUNIS WIDOWED, WIDOWED, WIDOWED (Write the word)  6 DATE OF BIRTH	16 DATE OF DEATH  (Month) (Bay (Year)  17 I HEREBY CERTIFY. That I attended deceased from  1914, to Joy 1914.
7 AGE (Month) (Day (Year)  1 (LESS than 1 day,hrs. ORmin.?	and that desth occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Valrule Locus Transle  (Duration) yrs mos. ds.
10 NAME OF FATHER ALCA Therefore  (State or country)  11 BIRTHPLACE OF FATHER (State or country)  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	Contributory Secondary  (Duration)  yrs  mos  ds.  (Signed)  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, Or HOMICIDAL.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs. mos. ds State yrs. mos. ds Where was disease contracted, it not at place of death?  Former or usual residence.
15 Filed Jan 19 1915 Resmonth	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL Samuary 795

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
FEB 5 1915
BURLAU, V.S.

No 80

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Very

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3 SEX	A 5	
male	white	SINGLE, MARRIED, WIDOWED, ORDIVORCE Write the
6 DATE OF BIRT	H unknown	
	(Month)	(Day
AGE about	49 geors	
10 NAME OF	Jaolo V.	erzi
OF FATE	ACE Staly ountry)	
12 MAIDEN OF MOT	NAME Anno	JI
0.		

1 PLACE OF DEATH

County Paince Georges

880

(No.....

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

.Ward)

MEDICAL CERTIFICATE OF DEATH

[It death occurred in a hospital or institution. give its NAME instead of street and number.]

4 COLOR OR RACE 5 SINGLE,			16 DATE OF DEATH	
white	WIDOWED,	1,	January (Month) 4th (Day) (Year)	
er nue	ORDIVORCED (Write the wor	d)	(Month) 174 (Day) (Sear)	
- unknown			17 I HEREBY CERTIFY, That I attended deceased from	
unknown			, 191, to, 191,	
		, 1		
(Month)	(Day)	(Year)	that I last saw h alive on	
Hg geors		If LESS than	and that death occurred on the date stated above, atm,	
- //		1 day,hrs.	The CAUSE OF DEATH* was as follows:	
yrs	mos, ds.	ORmln.?		
1. at 1. 1. 1. 1. 1.			Kills by trin on Bro. R.R.	
or Shormak				
	es —	***************************************		
industry,			, , , , , , , , , , , , , , , , , , , ,	
hment in mployer)			(Ouration) yrs. mos. ds.	
mpioyer)	***************************************		Contributory	
1) Italy			(Secondary)	
	-4-6-5-6		(Duration) yrs. mos. ds.	
Paolo 1	79.22.			
vave !	eigi		(Signed) Louis O. Massman, H. D.	
ICE 9+1	· ·		191 (Address) achieg brones	
CE Staly		3-1-55		
Juntry)			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-	
NAME Anna	. Al	legra	TAL, SUICIDAL, OF HOMICIDAL.	
TER STOWN		uyu	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
CE O -	1		OR RECENT RESIDENTS	
CE Staly			At place in the of death yrs mos ds. State yrs mos ds.	
diery			Where was disease contracted,	
TRUE TO THE BES	T OF MY KNOW!	LEDGE	If not at place of death?	
eseph. Di Bella			Former or	
		***************************************	usual residence	
1824.1	1/2 street	1.1/11	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
1044	y wills	, Uf Why	0/ 0: -/-	
5" 1914 Mish Jas & evere				
			20 UNDERTAKER ADDRESS	
	2 Do pute	REGISTRAR	Fr. Gaselos sous Bladen trezema	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.				

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causino death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumoula," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc...

by curbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerpural septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. Exvalvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of ..... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), Examples:



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SICIANS shoul RECORD PERMANENT

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 24 9 If death occurred in Ward) a hospital or Institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, OROTVORCED (Write the word) (Month) I HEREBY DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, 1 day ..... hrs. .OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) \_ which employed (or employer) BIRTHPLACE \*Contributory (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the Disease Causing Death, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSIENT OR RECENT RESIDENTS) ": ... 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. Stale ..... yrs. Where was disease contracted. If not at place of death? Former or usual residence. OF BURIAL OR REMOVAL DATE OF BURIAL (Address)... 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

20 UNBERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The question The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal medingitis"); Diphtheria (nevoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," uuqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection necd not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgcuital," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Collapse," "Coma," "Couvulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles "Scuile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," cause for



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8. No.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

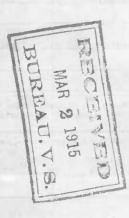
PLACE OF DEATH	882STATE OF MARYLAND
county Prince Georges	CERTIFICATE OF DEATH Registration Dist. No. 236
Village or City Halls (No.	give its NAME iostead
FULL NAME agnes H. M.	rod of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Color or RACE Saingle, MARRIED. WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  Jan. 4 , 191.5 (Month) (Day) (Year)
8 DATE OF BIRTH Jan 8 1911	17 I HEREBY CERTIFY, That I strended deceased from investig all d
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at
3 yrs // mos. 26 ds. or min.?	The CAUSE OF DEATH* was as follows:
(a) Frade, protession, or particular kind of work	- due to natural causes
(b) General nature of industry, business, or restablishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland	Contributory (Secondary)  (Duration) yrs mos ds.
10 NAME OF FATHER Chas a Wood	(Signed) Saml M. Leonberger Coron, 4.0.
11 BIRTHPLACE OF FATHER (State or country)  Maryland  12 Maiden Name OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of Mother Mary E. Word	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place in the of death yrs mos ds. State yrs mos ds.
(Informant) le sur les de Mera	Where was disease contracted, It not at place of death?
(Address) Marlboro Md B. F. D. 2	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed	20 UNDERTAKER ADDRESS
REGISTRAR	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
The state of the s	ar, o m. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUIRPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy"\ "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of terminal conditions, such as "As-(name origin; "Candeath), 29 State cause for



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CERTIFICATE OF DEATH  Registration Dist. No. 2 4 4  Village or City (No. , St.; Ward)  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  COLOR OR RACE  MARRIED, MARRIED, MIDOWED, ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED (Write the word)  To part of Birth As a strended deceased from the control of the control of the control or institution, give its NAME instead of street and number.]  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  (Month) (Day (Year)  To part of Birth As a strended deceased from the control of the control or institution, give its NAME instead of street and number.]	1 PLACE OF DEATH	883 STATE OF MARYLAND
Village or City Mary Mary Mon., St.; Ward)  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  COLOR OR RACE  MARRIED, MARRIED, MIDOWED, ORDIVORCED (Write the word)  Male  Mary Mary Month (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from	County & HUICININI	CERTIFICATE OF DEATH
Village or City Mark Mark (No, St.; Ward)  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  COLOR OR RACE  SSINGLE, MARRIED, MIDDEL OF DEATH  16 DATE OF DEATH  16 DATE OF DEATH  17 I HEREBY CERTIFY, That I attended deceased from the control of the control	County	Registration Dist. No. 244
PERSONAL AND STATISTICAL PARTICULARS  Beautiful Particulars  MEDICAL CERTIFICATE OF DEATH  Sex  MEDICAL CERTIFICATE  Sex	5 In In 111	St.; Ward) a hospital or institution, give its NAME instead
Male White the word)  Marie White the word  Month (Day (Year)  I HEREBY CERTIFY, That I attended deceased from	TAIL TAIL	MEDICAL CERTIFICATE OF DEATH
8 DATE OF BIRTH	MARRIED, WIDOWED.	(Month) (Day (Year)
(Month) (Day (Year) that I last saw h alve on Sacra, 1915.	Meh 25 ,1889	1914, to fley 4, 1915,
7 AGE  11 LESS than 1 day, hrs. 0R min.?  1 death occurred on the date stated above, at means that death occurred on the date stated above, at means the CAUSE OF DEATH * was as follows:	7 AGE 11 LESS than 1 dayhrs.	
© OCCUPATION (a) Trado, profession, or particular kind of work (b) General nature of Industry,	(a) Trado, profession, or particular kind of work (b) General nature of industry,	De De La Company
**Mich employed (or employer)  **BIRTHPLACE* (State or country)  **A	which employed (or employer)	Secondary
10 NAME OF FATHER THE FULLS (Signed) (Signed) Tripfelt, M. B	FATHER Truss F. Wills	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TAL, SUICIDAL, OF HOMICIDAL,	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  OF FATHER (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether Accident
13 BIRTHPLACE OF MOTHER (State or country)  ON RECENT RESIDENTS) At place of deathyrsmosdsds.	13 BIRTHPLACE OF MOTHER	At place in the of death yrs. mos. ds. State yrs. mos. ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Where was disease contracted,  If not at place of death?  Former or  usual residence.	mare Christs	If not at place of death?
(Address) 1/2 Marlbow Med 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL TO 15	(Address)	When Morley January S. 1915-
Filed James 4, 1915- REGISTRAN COOK STUNDINGS Spor Morellow  If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	Perroy Stolling REGISTRAN	Scoot Fristing Tepper molling

[Approved by U. S. Censns and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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arefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT carefully supplied. See instructions on back of certificate. DEATH in plain terms, so B.—Every Item of Information should be CAUSE OF DEATH in plain terms, s. important.

PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 233

St.;Ward)	[It death occurred la a hospital or institution, give its NAME Instead of street and number.]
L CERTIFICATE OF	F DEATH

VII	FULL NAME 450	St.; Ward)  a hospital or institution, give its NAME Instead of street and number.]	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 s	ex Color or RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH  (Month)  (Day  (Year)	
8 D	ATE OF BIRTH   OV 4, 19/4  (Month) (Day (Year)	that I last asw h alive on 191	
7 A	GE 1t LESS than 1 day,	and that death occurred on the date stated above, at 3 mm. The CAUSE OF DEATH* was as follows:	
(a pa (b) bus	CCUPATION ) Trade, profession, or riticular kind ot work	found dead in bed.  (Duration) yrs mos ds.	
	10 NAME OF FATHER AMES OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER MATELIA Fleet	Contributory Secondary  (Signed)  (S	
	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Analo C. Joung	OR RECENT RESIDENTS)  At place In the ot death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, it not at place of death?  Former or usual residence.	
15 FII	(Address) room ond)  led Jan 31, 1315 Emest H. Samer  REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  TOTAL  20 UNDERTAKER  ADDRESS	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed; as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Colton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonacum, etc., Carcin-

eer" ample: Meastes (disease eausing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," affectiou need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mally (Recommendations on statement of (seeondary), 10 ds. Never report For vio-

